

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION

10 MAY 14 PM 12:45

United States of America,
Plaintiff,

v.

Case No: 1:15po27
Violation Number(s): H5042052

(Magistrate Judge Karen L. Litkovitz)

Mark H. Sterner
562 Lowell Avenue
Cincinnati, Ohio 45220,
Defendant.

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ORDER OF DISMISSAL

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The above listed Central Violations Bureau (CVB) citation is hereby Dismissed pursuant to a certificate of death of Mark H. Sterner, submitted to this Court on May 10, 2018. It is HEREBY ORDERED that the arrest warrant issued in this matter be recalled, and that this matter be Dismissed from the CVB docket of this Court.

It is so ordered.

5/14/18
Date

own May 10, 2018

Karen L. Litkovitz
Karen L. Litkovitz

U.S. States Magistrate Judge

Reg. Dist. No. 31
Primary Reg. Dist. No. 3301

Ohio Department of Health
VITAL STATISTICS

Registrar's No.

2016000435

CERTIFICATE OF DEATH

State File No. 2016013367

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)				2. Sex		3. Date of Death (Mo/Day/Year)	
MARK HAMILTON STERNER				MALE		FEBRUARY 06, 2016	
4. Social Security Number	5a. Age (Years)	5b. Under 1 Year	5c. Under 1 day	6. Date of Birth (Mo/Day/Year)	7. Birthplace (City and State or Foreign Country)		
5283	66			1949	FLINT, MICHIGAN		
8a. Residence State		8b. County		8c. City or Town			
OHIO		HAMILTON		CINCINNATI			
9a. Street and Number				9b. Apt. No.	9c. Zip Code	9d. Inside City Limits?	
6035 BELMONT AVENUE				1	45223	YES	
10. Marital Status at Time of Death				11. Burial or Disposition of Body (If still alive, give name prior to first marriage)			
DIVORCED (AND NOT REMARRIED)							
12. Decedent's Education				13. Decedent's Race		14. Decedent's Sex	
DOCTORATE DEGREE OR PROFESSIONAL DEGREE				NO		WHITE	
15. Father's Name				16. Mother's Name (prior to first marriage)			
JOHN MONROE STERNER				RUTH BARNETT			
17a. Mother's Name				17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)	
CARL STERNER				SON		1555 PULLAN AVENUE	
18a. Place of Death				18b. City or Town, State and Zip Code			
NURSING HOME/LONG TERM CARE FACILITY				CINCINNATI, OH 45223			
19a. Facility Name (If not institution, give street & number)				19b. County of Death			
SCARLET OAKS RETIREMENT COMMUNITY				HAMILTON			
20. Signature of Funeral Director, Agent or Other Agent				21. License Number (if license)		22. Name and Complete Address of Funeral Facility	
Gwen Mooney				0541		GWEN MOONEY FUNERAL HOME	
23a. Method of Disposition				23b. Date of Disposition (Mo/Day/Year)		23c. Place of Disposition (Cemetery, Crematory, or other place)	
CREMATION				February 16		4889 SPRING GROVE AVE	
24a. Name of Cemetery, Crematory, or other place				24b. City or Town, State and Zip Code		24c. Date of Disposition (Mo/Day/Year)	
SPRING GROVE CEMETERY AND CREMATORY				CINCINNATI, OH		FEB 16 2016	
25a. Name of Person having Disposition Power				25b. License Number		25c. Date of Disposition (Mo/Day/Year)	
JONES, CAMILLE				3301		FEB 16 2016	
26a. Certifier (Check only one)				26b. Date of Certification (Mo/Day/Year)			
<input checked="" type="checkbox"/> Coroner or Medical Examiner				February 6, 2016			
<input type="checkbox"/> Certifying Physician							
<input type="checkbox"/> Other							
27a. Time of Death				27b. Date of Death (Mo/Day/Year)		27c. Date of Death (Mo/Day/Year)	
19:13				February 6, 2016		February 12, 2016	
28a. Signature and Title of Certifier				28b. License Number		28c. Date of Signature (Mo/Day/Year)	
[Signature]				35.075345		February 12, 2016	
29. Name, First, Middle, Last, and Address of Person who Reported Cause of Death							
RAFAEL FLEITES, 10999 REED HARTMAN HWY., CINCINNATI, OH 45242							
30. Part I. Enter the disease, injury, or condition that caused the death. Do not enter symptoms or signs, such as fever or respiratory distress, shock, or heart failure, etc. unless they are the cause of death. Do not enter permanent loss or loss of function.							
Immediate Cause (Direct cause of death)							
Cardiac Arrest							
Underlying Cause (Disease or injury that caused the death)							
Sudden							
31. Part II. Enter the disease, injury, or condition that caused the death. Do not enter symptoms or signs, such as fever or respiratory distress, shock, or heart failure, etc. unless they are the cause of death. Do not enter permanent loss or loss of function.							
32. Was an autopsy performed?							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
33. Was an autopsy performed prior to completion of cause of death?							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Not Applicable							
34. Did Tobacco Use Contribute to Death?				35. If Female, Pregnancy Status			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No				<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
36a. Date of Injury (Mo/Day/Year)				36b. Time of Injury		36c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
						36d. Injury at Work?	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37a. Location of Injury (Street and Number or Rural Route Number, City or Town, State)							
37b. Describe How Injury Occurred							
37c. If Transportation Injury, specify:							
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other							

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05-10-18; 09:10AM;

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U.S. Department of Justice

United States Marshals Service

Southern District of Ohio

100 East Fifth Street, Room 130
Cincinnati, Ohio 45202

May 10, 2018

Cincinnati Vital Statistics
Attn: Lisa Scott

RE: Death Certificate-Mark Sterner

I would like to request a government copy of the death certificate for Mark H. Sterner,
DOB: 1949, date of death 02/06/2016.

Should you have any questions, please feel free to call me at (513) 684-3306.

Thank You,

A handwritten signature in cursive script, appearing to read "Whitney Silva".

Whitney Silva
Deputy US Marshal
S/OH Cincinnati Office
Fax: (513) 684-6397

UNITED STATES DISTRICT COURT
for the
SOUTHERN DISTRICT OF OHIO

United States of America

v.

STERNER, MARK H
562 LOWELL AVE

CINCINNATI, OH 45220

Defendant

Location Code(s)/Violation Number(s)		Violation Date(s)
OS41 1:15-po-27	H5042052	01/08/2014
Offense(s)		Amount Due
MISCELLANEOUS GENERAL OFFENSES, OTHER		\$125.00

ARREST WARRANT

To: Any authorized law enforcement officer

There is probable cause to issue this warrant for the arrest of the person identified above.

YOU ARE COMMANDED to arrest and bring this defendant before the nearest available United States magistrate judge without unnecessary delay to answer to these charge(s).

If the defendant has paid the amount due, you may return this warrant unexecuted.

Date and time issued:

8/3/15

Judge's signature

HON KAREN LITKOVITZ

Return

Received	Date:	Location:

Executed by the arrest of the defendant.

Arrested	Date:	Location:

Name:

Title:

District:

Date:

Signature:

United States District Court Violation Notice

Violation Number H 5042052	Officer Name (Print) Renteria	Officer No. SPS72
YOU ARE CHARGED WITH THE FOLLOWING VIOLATION H 5042052		
Date and Time of Offense (mm/dd/yyyy) 01/08/15 11:23	Offense Charged 41 CFR 102-74.390A	Offense Code 102-74.390A
Place of Offense SSA Lobby 2nd Floor Cincinnati		
Offense Description Disorderly Conduct Subject Became Loud & Nuisance. When told to leave the SSA office		

DEFENDANT INFORMATION	
Last Name Stern	First Name MARK
Street Address 562 Lowell Ave	
City Cincinnati	State OH
Zip Code 45220	County Hamilton
D.L. No. SC097170	Social Security No. 5283
Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Height 5'7"
Weight 190	Color HAZ

Tag No.	Year	Make/Model	Color
<input type="checkbox"/> IF BOX A IS CHECKED, YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS (attach a yellow copy). <input checked="" type="checkbox"/> IF BOX B IS CHECKED, YOU MUST PAY AMOUNT INDICATED BELOW OR APPEAR IN COURT. SEE INSTRUCTIONS (attach a yellow copy).			
PAY THIS AMOUNT → \$ 100.00 Forfeiture Amount + \$25 Processing Fee \$ 125.00 Total Collateral Due		YOUR COURT DATE (If no court appearance date is shown, you will be notified of your appearance date by mail.) Court Address To Be Set By the court. Defendant will be notified Date (mm/dd/yyyy) To Be Set Time (hours) set	

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place indicated or pay the total collateral due. X Defendant Signature Mark Stern	Original - CVB Copy GSA2637
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STATEMENT OF PROBABLE CAUSE (For issuance of an arrest warrant or summons)

I state that on 01/08/15 while exercising my duties as a law enforcement officer in the Southern District of Ohio the defendant was loud and a nuisance during an interview with the SSA employee. When asked to leave he became more belligerent saying "fuck you", Mr. Sterner stated you can't make me leave, you owe me money, don't touch me. Mr. Sterner remained uncorruptive & placed cuffs & arrested.

The foregoing statement is based upon:

- ☐ my personal observation ☒ my personal investigation
☐ information supplied to me from my fellow officer's observation
☐ other (explain above)

I declare under penalty of perjury that the information which I have set forth above and on the face of this violation notice is true and correct to the best of my knowledge.

Executed on: 01/08/15 Date (mm/dd/yyyy)
[Signature] Officer's Signature

Probable cause has been stated for the issuance of a warrant.

Executed on: _____ Date (mm/dd/yyyy) U.S. Magistrate Judge